



CENTRAL FAX CENTER

DEC 03 2004



**1100 East Hector Street, Suite 245
Conshohocken, PA 19428**
Phone: 610-293-0525
Fax: 610-293-0128
E-mail: email@rexmedical.com

**Legal Office
1011 High Ridge Road
Stamford, CT. 06905**
Phone 203-329-8750
Fax 203-329-8187
E-mail: ngershon@rexmedical.com

FAX

| | | | |
|---------------|----------------------------------|---------------|------------------|
| To: | Patent and Trademark Office | From: | Neil D. Gershon |
| Fax: | (703) 872-9306 | Pages: | 8 with Fax Cover |
| Phone: | | Date: | December 3, 2004 |
| Re: | Change of Correspondence Address | CC: | |

PTO/SB/122 (09-04)

Approved for use through 07/31/2008. OMB 0851-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF
CORRESPONDENCE ADDRESS**
Application

Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

| | |
|------------------------|-----------------------------|
| Application Number | 10/805,796 |
| Filing Date | 3/22/2004 |
| First Named Inventor | James F McGuckin, Jr. et al |
| Art Unit | 3731 |
| Examiner Name | UNKNOWN |
| Attorney Docket Number | 1267 |

Please change the Correspondence Address for the above-identified patent application to:

The address associated with
Customer Number:

OR

Firm or
Individual Name *Neil D. Gershon*

Address *Rex Medical
1011 High Ridge Rd.*

City *Stamford*

State *CT*Zip *06905*

Country *USA*

Telephone *(203) 329-8750*

Fax *(203) 329-8187*

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

Applicant/Inventor
 Assignee of record of the entire interest.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
 Attorney or agent of record. Registration Number *32,225*
 Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature *Neil D. Gershon*Typed or Printed
Name *Neil D. Gershon*Date *12/13/2004*Telephone *(203) 329-8750*

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.